Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc: Notices of Intent to Participate Page 1 of 114

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:	Ironne Rujes Oliveras	
Participant's Address:	114 Hermanos Segarva fo	Pio Cristal May
Participant's Email Address	: ivonnerejes 55 @gmail.co	m
Name of Counsel:		
Address of Counsel:)
Email Address of Counsel:		
2. Participant's	Claim number and the nature of Participant'	s Claim:
Claim Number:	17 BK 3283-LTS	
Nature of Claim:	Promesa Titulo III	
By: Signature	lin	VECETY AUG
Ivonne Rey	res Oliveras	\$3° 5 B
Print Name	to be the district and the second second second	å E
Title (if Participant i	s not an individual)	
07/28/30 Date	2/	

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BAY 1202 San Juan P. L. 00918-1767

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SAN JUAN PR 009



Participant must provide all of the information below in English:

1. Participant's contact information, including email address,	and that of its counsel,
1. Participant's contact information, including email address, if any: Participant's Name: Participant's Name: Participant's Address: Participant's Email Address: Arcaro P. D. Well Name of Councel:	aile c
Participant's Name:	111 121 1/20
Participant's Address: Calle Roses Artan #205 Cons	.Vina del Mar 450
Participant's Email Address: Arcuro P.N. N. GIL	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's	Claim:
Claim Number: 17 BK3283 LTS	· ·
Nature of Claim:	r 23
By: Signature	ECEL NO.
Dulce M. Martinez Ouiles	75 -5 %
Print Name Print Name Title (if Participant is not an individual)	
Date Trice (in rarticipant is not an individual)	

Sea: Dulie Maiting Doiles Cond Third Hel Mai 205 gst 50 Calle Brey Gitaer apt 5 C Cambio Se dilesion

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gracier son su atención Ligo interesola en la reclapación Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 Notices of Intent to Participate Page 5 of 11 RECEIVED & FILE COSTON SOLIMINATION COTO Secretarian de la constitución d 3 ALIG 2021 PM 1 SAN JUAN PR 009 1961-81900

Participant must provide all of the information below in English:

1. Participant's contact in	formation, including	g email address,	and that o	of its counsel,
if any:				opji i
Participant's Name:	ine Wia	z Ar	040	, , , , ,
Participant's Address:	inta Teresiti	ware: Cu	iliote	29073311to
Participant's Email Address:	*			
Name of Counsel:	A		A HAMBE	PRODUCTION STATES
Address of Counsel:	'A			
Email Address of Counsel:	/A			
2. Participant's Claim nu	mber and the nature	of Participant's	Claim:	
Claim Number: 17	BK 3283 4	175	10 7118	
	MINE AND TO SELECT	and any starting?	Úlico.	B
Nature of Claim:			255	高 三
By: Greaz arroyo				
Signature	defines the smile		포함의	U.Chaperth St.
Gaine Siaz a	rogo	at of the real	-68Z	
Print Name			TEA	AL STANFOLD
Frint Name				- Anna
A Part of the state of the stat	I MINISTER .			
Title (if Participant is not an	ndividual)			
3 agosto 2021				
Date				

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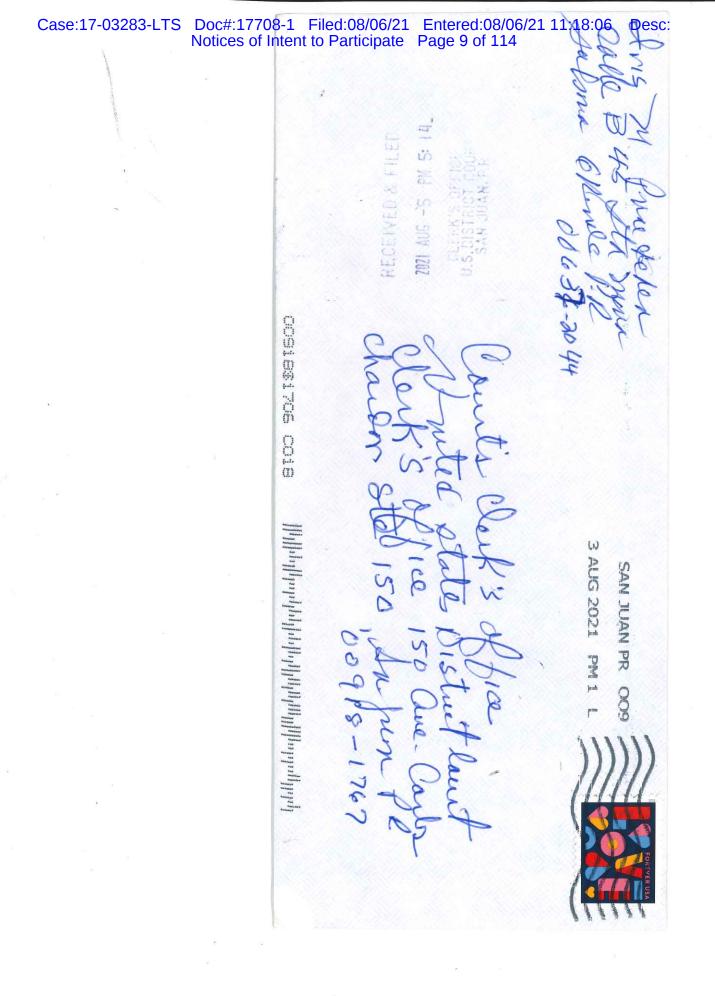
Ate 150, Jan Juan P.R., 00918-1767



Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc: Notices of Intent to Participate Page 8 of 114

Participant must provide all of the information below in English:

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Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc: Notices of Intent to Participate Page 10 of 114

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any: $O = 1/(1 + \sqrt{1 + 1}) = 1$
Participant's Name: Rudbeckia Falche Rodriquez
Participant's Address: Reparto Villa Auxerre 122-San Fer Participant's Email Address: MedzHeart Qyahoo com
Participant's Email Address: <u>MedzHeart Qyahoo com</u>
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: No. 17 BK 3283-LTS
Nature of Claim: To Participate in Discovery For Confirmation of Commonwealth Plan
By: Rubbeckia taleke horique of Adjust ment.
Rudbeckia Falche Rodriguez Print Name
Time Tame
Title (if Participant is not an individual)
July 31/1921
Date /

que Carlos Chardon

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Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc: Notices of Intent to Participate Page 12 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: # 13 11 5 10	if any:	
Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim:	Participant's Name:	GMEGONIA VELAZ QUEZ FICUEBDA
Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim:	Participant's Address:	CAILE 3 E 24 f 485. VILLAS de CANDELEBO
Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim:	Participant's Email Address:	
Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim:	Name of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	Address of Counsel:	
# 12 11 6 10	Email Address of Counsel:	
Claim Number: # 13115 19	2. Participant's C	Claim number and the nature of Participant's Claim:
Ciami Number.	Claim Number:	# 131150
Nature of Claim: By: Superior Signature Signature Print Name Title (if Participant is not an individual) 31-julio - 2021 Date	By: Signature Signature Print Name Title (if Participant is 31 - julio -	s not an individual)

Cally Colondaina # 78

Und. Villas des Condelle 40

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United States District Count
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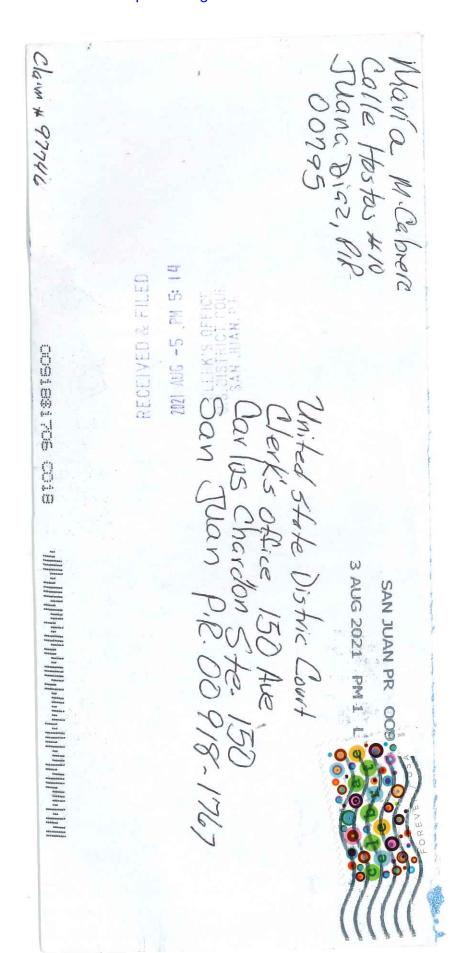
Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc Notices of Intent to Participate Page 14 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

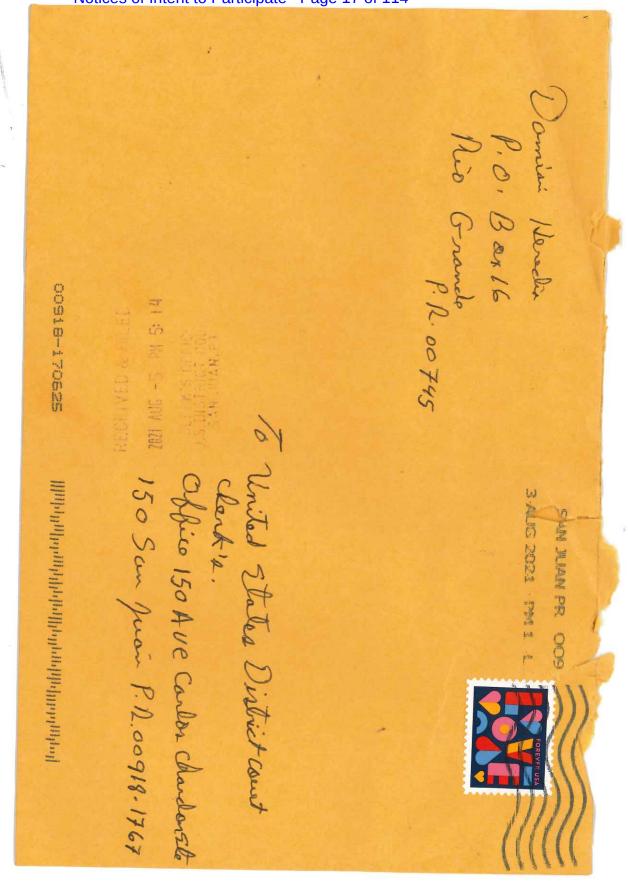
ii any:						
Participant's Name:	Maria	M. Cabrero	Aules	K.	VI	
Participant's Address:	Calle He	istos # 12	Juana	Diaz,	P.K	00793
Participant's Email Address	s: ChedaCabre	ra egmail.	Com			
Name of Counsel:						-
Address of Counsel:	:		1			
Email Address of Counsel:		-7,01				
2. Participant's	Claim number ar	nd the nature of	Participant'	s Claim:		
Claim Number:	97744	, -		A.		1
Nature of Claim:	977	46-Im clam	ing the	money	that	Iwas to
By: Mari Str. Cabre	e Avile T	repartmen (of educa	icidn -	P.R.	Kingsor
Signature	1.1			世間の	CD CD	
María M. Cal	mera Aviles			199		Çko em
Print Name				그들ਰ	ĆŪ.	
Title (if Participant	is not an individu	al)			-	
Och 3 202	/)				
Date						



Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc: Notices of Intent to Participate Page 16 of 114

Participant must provide all of the information below in English:

 Participant's contact information, including email address, if any: 	and that of its counsel,
Participant's Name: Damian Heredia	
Participant's Address: PO Box 16 Rio 6	onde P.K 00745
Participant's Email Address: can ian heredia @gmail.com	n
Name of Counsel:	
Address of Counsel: N/4	
Email Address of Counsel: 11/4	
2. Participant's Claim number and the nature of Participant's	Claim:
Claim Number: 17 BK 3283-479	· · · · · · · · · · · · · · · · · · ·
Nature of Claim: Promesa Title III	
By: Dan Theele They	28
Signature	2 2 2
Print Name Sonzales	WE TO VE
Time Ivanic	20 2
Title (if Participant is not an individual)	5
08/02/2021	. The
Date	



Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc Notices of Intent to Participate Page 18 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Norma Octor Hadriguez
Participant's Address:	BR-01 BZN. 2291 Cidra, PR 00739
Participant's Email Address:	normacruso@botmail.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	129859
Nature of Claim:	Law # 164 Money allocated was not credite
By: Marie Colors Signature	SSE A COUNTY
Norma O	rtiz Adriguez
Print Name	
Title (if Participant is	not an individual)
2 /8/2021 Date	

Norma Ortiz Kadusuz RROI-BEN 2291 Cidra, P.R 00739

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Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc Notices of Intent to Participate Page 20 of 114

Participant must provide all of the information below in English:

if any:	шэсі,
Participant's Name: William Jurres Santiago HC 03 Box 32307	
Participant's Address: HC 03 Box 32 307	
Participant's Email Address:	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	u 5
2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Wo, 17 BK 3283 - CT5	<u> </u>
Nature of Claim: By: Signature Continuo orres Sentiago Print Name	ENATURE & CITATO
Title (if Participant is not an individual) Buscust 3 3 202) Date	

William Torres Santiago HC 03 BOX 32307 Hatillo, P.R. 00659

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Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc: Notices of Intent to Participate Page 22 of 114

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Norma I. Pedran Olique
Participant's Address: 347 Sector Cotto, Cidra, P.
Participant's Email Address: pedraza norma + @ gmail.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 179036
Vature of Claim? Promesa Title III
y: Jama Caldin
Norma I. Pedra sa Olique
Print Name
Teacher
Title (if Participant is not an individual)
Date Date 2 2021

Norma T. Case:17-03/283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc: 347 Sector Cotto Cidra, Puerto Rico 00739-2103

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United States District Court Clerk's Office 150 Ave. Carles Chardon Ste 5an Juan, P.R. 00918-1767

Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc Notices of Intent to Participate Page 24 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ir any:					
Participant's Name:	Noel	David	Neves	Garcin	
Participant's Address:	Calle Urb.	David Fernando Roosevelt	Calcer B	457-	to Ri
Participant's Email Add		-		// 00	-
Name of Counsel:					
Address of Counsel:	7	-			
Email Address of Couns	sel:	19 (0.00		7	
2. Participa	nt's Claim number	and the nature of I	Participant's Clai	m:	
Claim Number:	17 B	1 3283	3-275	0 1 A P	
Nature of Claim:	The ?	employees		* Systen	of the
By:	Dely	Puerto K	acd, and	the Puert	Rice
Signature	1	Mobile	Buildin	95 Huth	orety
Nos/D.	Nieus				8
Print Name				Esta 5	< /
Noel Da	ivid Nie	ves Garcí	a	\$50 S	
Title (if Participa	ant is not an individ	dual)			71
3 ago	15to 202	-1		V	Ö
Date				30	

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Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc: Notices of Intent to Participate Page 26 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any:	
Participant's Name: Felix Gozma	<u></u>
Participant's Address: 310 Stafford St	Apt 508
Participant's Email Address: <u>alindentowersrs</u>	L'Ecconnells,
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participan Claim Number:	c 7
Nature of Claim: By: Felix Gozman Felix Gozman	SAN JUAN
Print Name	- FED 5. 1
Title (if Participant is not an individual) 8-2-2021	<u>.</u>
Date	

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Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc Notices of Intent to Participate Page 28 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Etanislao Echevarria
Participant's Address:	158 Bowles St. Speld, MA 0110
Participant's Email Address:	Tano 1113/113@ gmail. Com
Name of Counsel:	ON Actorico Landin extransfered
Address of Counsel: Email Address of Counsel:	I line s
Claim Number:	Claim number and the nature of Participant's Claim: 178K 3983 - LTS
Nature of Claim: By: Etrus las Co	huanic 2
Etanislao El Print Name	chevaria 55 5 6 6 10 10 10 10 10 10 10 10 10 10 10 10 10
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Title (if Participant is	not an individual)
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Date	

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Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc Notices of Intent to Participate Page 30 of 114

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

11 any:	
Participant's Name:	Rheinschmidt Tile and Marble, Inc.
Participant's Address:	Larry Rheinschmidt Jr., 1100 Agency St, Burlington, IA 52601
Participant's Email Address:	larry@rtmiowa.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's CClaim Number:Nature of Claim:	Claim number and the nature of Participant's Claim: 14121 Tax Refunds
By: Jarry W. Ph	remelmet g.
Larry W. Rheinschmid Print Name	t, Jr.
President	
Title (if Participant is a July 29, 2021	not an individual)
Date	



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San Juan, P.R. 00918-1767 Clerk's Office United States District Court 150 Ave. Carlos Chardon Ste. 150

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:	Mercedes E. Sapia oquendo
Participant's Address:	Urb. Constancia Calle Eures 2451 Ponce P. K00717-2
Participant's Email Addres	ss: mercedes gloing 3210 gmail.com
Name of Counsel:	no Counsel
Address of Counsel:	
Email Address of Counsel	
2. Participant'	s Claim number and the nature of Participant's Claim:
Claim Number:	17 BK 3283-L+S
Nature of Claim:	Promes= Titale III
By: <u>Hensapia</u> Signature	Oquendo
Merceder E.S. Print Name	apia oquendo
Till CCP division	
Title (if Participant	t is not an individual)
3 de agosto Date	2021

Mercedes E. Sapi- Oquendo UHG. Ronstancio Calle Eurek- 2451 Ponce P.R. 00717-2219

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united States District court

1571 & OTANIEDEN 150 ave. Carlos chardón 5- DAY 1202 Clerk'S Office San Jug- Pil 00918-1767



Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc: Notices of Intent to Participate Page 34 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: P.O. BOX 7081 ST. PETERSbURG, EL 33734 Participant's Address: Participant's Email Address: Upf HAWA'i & UHAlumNi, ORG Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: BK 3283 - LTS Claim Number: Nature of Claim: By: Signature Print Name Title (if Participant is not an individual)

St Petersburg, FL 33734 PO Box 7081

George Buck

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United States District Court

Clerk's Office

150 Ave. Charlos Chardon, Ste. 150

San Juan P.R 00918-1767

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Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc Notices of Intent to Participate Page 36 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: <u>Megrón Figueroa Mélida</u>
Participant's Address: <u>I32 calle 11 Flam boyan Garden's</u>
Participant's Email Address: Bayamon, P.R. 00959
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 93592
Nature of Claim: Public Employee and Pension/Retiree Claim
By: Nelida Negrón Figueros
Signature
Nélida Vegran Figueroa Print Name
Title111 no.178k 3283-LTS
Title (if Participant is not an individual)
3 agosto 2021
Date

Sagamón, P.R. 00959

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Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Notices of Intent to Participate Page 38 of 114

Participant must provide all of the information below in English:

 Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Angeles S. Banilla Ortiz
Participant's Address: HC-4 Box 4052 Villalba P.R. 007
Participant's Email Address: angelesbonillortiz@yahoo.com
Name of Counsel: N/A
Address of Counsel: N/A
Email Address of Counsel: N/A
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: # 105641 et.al.
Nature of Claim: unpaid wages by the government of P.R.
By: Angeles S. Board Getes
Signature 3
Angeles Sibanilla Ortiz Print Name
\$200 J B
Title (if Participant is not an individual)
August 3, 2021
Date V

ngeles S-Bonillo Ortiz Mallog, P.A. conce_9836

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Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc Notices of Intent to Participate Page 40 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Calderón Parrilla, Nancy L
Participant's Address:	Villa Fontana 2JL #441 Via 13 Carolina PR 00983
Participant's Email Address:	Calderonnancy@yahoomail.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	# 43680
Nature of Claim:	Common wealth of PR Dpt of Education (DE)
By: Walt	Commonwealth of PR Dpt of Education (DE) Special Education Program, on behalf of minor Genardo Cruz
Signature Nancy Calde	rior Parrille
Print Name	
Title (if Participant is	not an individual)
August 2	W III
Date	N.

150 Ave Carlos Charden STE 150 San Juan PR 00918-1767

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Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc: Notices of Intent to Participate Page 42 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: <u>Calderón Parrilla, Nancy L</u>
Participant's Address: Villa Fontana 2JL #441 Via 13 Carolina PR 00983
Participant's Email Address: <u>calderannancy@yahoomail.com</u>
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: # 36064
Nature of Claim: Commonwealth of PR Dept. of Education (DE)
Nature of Claim: Commonwealth of PR Dept of Education (DE) Special Education Program in behalf of minor Angelica Cru
Signature
Nancy Calderon Parrille
Print Name Print Name
Title (if Participant is not an individual)
August 2, 2021
Date

Carolina PR 00983

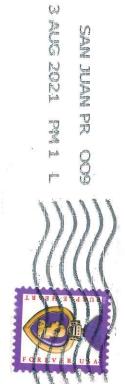
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Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc Notices of Intent to Participate Page 44 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		
Participant's Name:	Linda A. Santiago Quiñones	
Participant's Address:	139 Calle Grosella, Urb. Las Arboles,	
Participant's Email Address:	Princess_dress 0959@hotmail. con	^
Name of Counsel:		
Address of Counsel:	8	
Email Address of Counsel:	-6	النبلد
2. Participant's	Claim number and the nature of Participant's Claim:	
Claim Number:	151238	
Nature of Claim:	Public Employee and Pension/Retiree	Claim.
By: Kinda Q. Sa Signature	ntiago Luinones	
Linda A. Sa Print Name	ntiago Quinones	5 PH 5:
Title (if Participant is	e not an individual)	2
Date Date	2021	



Río Grande, Puerto Rico. 00745

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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:							
Participant's Name:	Jacque	line la	ronj	Tor	ves		
Participant's Address:	Urb Vis	sta Ala	gre.	404	Calle An	napola	Villa
Participant's Email Address:	taronji	6AD ya	h00.	eom			- 8
Name of Counsel:		N/A					<u>-</u> 9
Address of Counsel:		N/A				1 1 1	
Email Address of Counsel:		N/A	×				
2. Participant's C	Claim number	and the nati	ure of Pa	articipant's	Claim:		
Claim Number:	1066	78 et	·al				-
Nature of Claim:	Unpaid	wages	by	the	governe	ent of	PR
By: Plany Tow		_			7		
Signature 1					(2)	3 2	
Jacqueline To	aronii T	onks			20C	7 A	
Print Name	1011				主页法	8 5	
					1 = 3 · · ·	5 6	
					第一名	- R-	
Title (if Participant is	not an indivi	dual)				ېرې چ	
August 3	2021						
Date	10001					N	

Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Notices of Intent to Participate Page 47 of 114 Desc: COMID-INCOMIN Ave. Carlos Chardon Ste 150 n Juan P.R 00918-1767 600

Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc Notices of Intent to Participate Page 48 of 114

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

Participant's Name: RI-4 Cardova Villa Esperia, Breyoman P. R.00961 Participant's Address: Participant's Email Address: also bevely @ q mail com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: 17 BK Claim Number: 3183 Nature of Claim: By: Title (if Participant is not an individual) Date

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc Notices of Intent to Participate Page 50 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:						
Participant's Name:	Wanda HC OI B	J. R	Livera	Figuer	06	7,
Participant's Address:	HC OI B	XX 113	350 Car	olina PR o	098	7
Participant's Email Address:	jrifing 1	@ hoto	rail was		8	
Name of Counsel:	NLA					
Address of Counsel:	NIA			47 52		
Email Address of Counsel:	NIA				*:	х
2. Participant's C	Claim number an	id the nat	ure of Partici	pant's Claim:		
Claim Number:	6921		0		2-11	
Nature of Claim:	America	n ap	enfunity	Credit		riskip nj.
By: Wandy					797.1 A	
Signature					E	
Wanda J. Rive	era Figuenz			29g	जा	20
Print Name	0			- Sea	2	71
				See 18 B	Q,1	
Title (if Participant is	not an individua	ıl)			Mary Control	
8-4-2021						
Date						

"audin-, PR 00987 01 BOX 11350

Juan, PR 00918-1767



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Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc: Notices of Intent to Participate Page 52 of 114

Participant must provide all of the information below in English:

if any:
Participant's Name: Ilarrasa Aviles Milagros
Participant's Address: P.O. Box 984 Rincon P.R. 00677
Participant's Email Address: milarrasacholmail.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 125343
Nature of Claim: Promesa Title II 17 BK 3283 275
By: Milians Harris July
Milagros Ilarrosa Aviles
Print Name
Title (if Participant is not an individual)
August 2, 2021
Date in the property of the control

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

: \$228 H. S

Rincon P.R. 00677

Jan Juan, P.R. 00918-1767

Carlos Chardon St. 150

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Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc: Notices of Intent to Participate Page 54 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Justo Trielo Sario
Participant's Address:	urb. gordines de Pone Pases trébel H.7
Participant's Email Address:	
Name of Counsel:	N/A
Address of Counsel:	NA
Email Address of Counsel:	N/A
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	
Nature of Claim:	Invested \$100,000 in the employees retired
By: Tust P -	
Signature	
Tasto Prieto	Garcia Res E
Print Name	WASSE 4 ED
Title (if Participant is	not an individual)
Date	

PONCE, PUERTO RICO 00730-1851 PASEO TREBOL H-7 **URB. JARDINES DE PONCE** JUSTO PRIETO GARCIA RECEIVED & FILED 2021 AUG -5 PH 5: 11 20918-170525 SAN JUAN, PUERTO RICO 00918-1767 150 AVE. CARLOS CHARDON STE. 150 CLERK'S OFFICE UNITED STATES DISTRICT COURT 4 AUG 2021 PM 2 L SAN JUAN PR 009

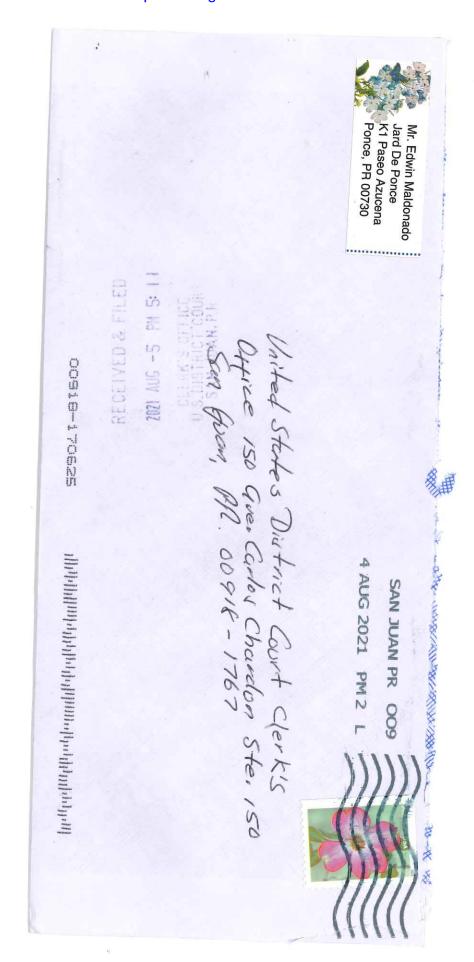
Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc: Notices of Intent to Participate Page 56 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name: Edu	vin Moldenado Santrogo
Participant's Address:	Gardines de Ponce Passo Grocera K 1 Boxe 1007:
Participant's Email Address:	Gardines de Ponce Passo arocena k 1 Bour \$10073
Name of Counsel: t	
Address of Counsel: &	
Email Address of Counsel: >	
2. Participant's Claim nun	nber and the nature of Participant's Claim:
Claim Number:	SHINDER CONTRACTOR CON
Nature of Claim:	bough a too oo o employee retirement Books
By: EleMallerah intho	10 10 10 10 10 10 10 10 10 10 10 10 10 1
Signature	
Edwir Maldonado Se Print Name	entango En do E
Title (if Participant is not an inc	dividual)
District Control of the Control of t	
Date Lucturations for Filing Notice of Bour	ticination: If you are represented by counsel this Notice
instructions for ruing Notice of Part	AICHDALION: IT VOIL ATE TEDTESEDIED DV COURSEL THIS NOTICE



Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc: Notices of Intent to Participate Page 58 of 114

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

1.

if any:				
Participant's Name:	Luis Angel	Roman	Rivera	
Participant's Address:	Luis Angel Jub-Ex Santa-	Teresita-(alle 3an to	636
Participant's Email Address:				1
Name of Counsel:				N I I I I I I I I I I I I I I I I I I I
Address of Counsel:	11-1			<u>. P</u>
Email Address of Counsel:		wds()		
2. Participant's C	laim number and the na	ture of Participant's	Claim:	. 17
Claim Number: 85	-044		<u> </u>	<u>. 55′</u> .
//	12 El Rom		# 425 E	8
By: Lui on	gel Amon T	Le	10 S	(5)
-6			4-9	180 (1)
Luis Angel	Roman Rive	10	FEE O	
Print Name	the hardware near an a		and the state of	
Title (if Participant is r	not an individual)			
agosto-	34 -7021			
Date U				

Why Hun

Santaduisa # 4480 D.N. 00730

hardon Ste. 150



Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Notices of Intent to Participate Page 60 of 114

Participant must provide all of the information below in English:

 Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Pastor leg Barreto
Participant's Address: aptdo 565, Camby PRO0627
Participant's Email Address:
Name of Counsel:
Address of Counsel: No Ne
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3283 LTS
Nature of Claim:
Signature Pastor Vegr Barreto Print Name Individual Title (if Participant is not an individual) August 4 2021 Date

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Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc Notices of Intent to Participate Page 62 of 114

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:	- V		
Participant's Name:	Evelyn Borrero	Torres	150,1
articipant's Address:	Evelyn Borrero Villa Flores Tri	niteria 261	O, PONO
Participant's Email Addr	ress:		00116
Name of Counsel:	محتود كالرامان ب		1
Address of Counsel:			
Email Address of Counse	el:		
2. Participan	at's Claim number and the nature of P	articipant's Claim:	
Claim Number:	WAR OF BAR WANDER	780 70 10 000	
Nature of Claim:		11. 15 Te 11. 14 Te 1	- 3
By: - Eurlyn Be	overs Joves		
Signature		mpromise soft on the	
Print Name			
100 July 20 100			- 4 <u>1</u>
Title (if Participa	nt is not an individual)		-
Details			
Date			

PR 1845 SRF 55176 PACKID 146799 Evelyn Borrero Torres 4 AUG 2021 PM 2 L 33010 ADSHN-0

PONCE, PRODILE-2924 2610 calle Trinitaria Villa #10ves

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United States District Court

Clerk's Office

150 Ave. Carlos Chardon STE 150

Jan Juan, PR 00918-1767

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Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc: Notices of Intent to Participate Page 64 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Agripina Portalatin Irizavry
Participant's Address:	P.O Box 436 Angeles, P.R. 00611
Participant's Email Address:	agripinapi@yahoo.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	159770
Nature of Claim:	romesa Title III # 17BK3283-LTS
By: Jaipua Porta	latin Ingarry
Agripina Port	alotin Irizarry
Title (if Participant is a	not an individual)
Agosto 4 20 Date	2/ Si (iii

Angeles KK.

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150 Ave. Carlos Chardon Ste. 150 San Juan, D. R. 00918-1767

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Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc: Notices of Intent to Participate Page 66 of 114

Participant must provide all of the information below in English:

1. Participant's contact if any:	nformation, including email address, and that of its counsel,
Participant's Name:	nán Vazquez, Ramón A. 2 Box 78/3, Ponce PR 00732
Participant's Address:	Box 78/3, PONCEPR 00732
Participant's Email Address:	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim num	mber and the nature of Participant's Claim:
	5 5RF 55176 Pack ID
Nature of Claim: By: Signature Signature	173/416 MM LID: 1950880P 20 13949 SVC: MMLPC
Print Name	17BK 3283 20 TS
Title (if Participant is not an income Date	lividual)

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.



Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc: Notices of Intent to Participate Page 68 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Aurora Santiago Kivera
Participant's Address:	Urb. Punto Oro, Calle La Capitana # 333
Participant's Email Address:	: doris. Santiago 70 he com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	
Nature of Claim: By: Uurora And Signature Aurora 50 Print Name	Lies Ries 25 B EV 25 B
	and the second s
Title (if Participant i	

Jan Juan, 2-R. 60918-1767

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Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc Notices of Intent to Participate Page 70 of 114

Participant must provide all of the information below in English:

1.

if anv:

Participant's contact information, including email address, and that of its counsel,

	A STATE OF THE STA
Participant's Name:	Annold D. Ruiz Guadarrama
Participant's Address:	Lab. Brisas del Parquel Calle Camino# 13 Laguas. Puento Rico 00725
Participant's Email Address:	aguas. Muento Rico Do 125 arnold eano hot mail. Com
Name of Counsel:	NIA
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number: Nature of Claim:	12256 Ley (15 de 26 de dic 91 - contra represalas, Ley 100 discrimen, Lex 184 de 3 de Agosto 84, Ley 172, Ley 14
By: Ornold D	Despido injustificado Ley 80, Sola Referención. Distación de Contracto. Referención. Distación de Contracto.
Signature	Retention of Salanies, Ritinements.
Annold D. Rui Print Name	
Title (if Participant is	not an individual)
7 (30) 21	
Date	

Arnold D. Ruiz Guadan rama who Brisas del Parque! Calle Caminostis Coguas, P. Rico 00725

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united Slate De Cleric's Office 150 Ave. Carlos Chardon Ste 150 Son Juan. P.R. 00918-1767



Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc Notices of Intent to Participate Page 72 of 114

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	V 100 20 20 10	
Participant's Name:	Nereida Gelabert Cardoza	
Participant's Address:	HC 02 Box 28224, Cabo Rojo P.R. or nereidagelabert 31@ hotmail. com	0623
Participant's Email Address:	nereidagelabert31@ hotmail.eom	
Name of Counsel:	NONE	
Address of Counsel:	NA	
Email Address of Counsel:	N/A	
2. Participant's C	Claim number and the nature of Participant's Claim:	
Claim Number:	161012	3 5
Nature of Claim:	Motice of Intent to Participate	5 3
By: Kereida Gela	ahert Cardon 299	in P
Signature	1 40 /	45 日
Nereida Gela Print Name	bert Cardoza	0
Time Ivanio		
Title (if Participant is	not an individual)	
august 2,	2021	
Date		

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Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc:

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

0 1. 0 N. 11.

Participant's Name:	Johnny Vutiz Gadella
Participant's Address:	BZN.716 Urb. Et. San for to Calle 128-14 Bring Grandy S.C.00637.
Participant's Email Address:	Ortiz Johnny godilla @ grail com
Name of Counsel:	NA
Address of Counsel:	NIA
Email Address of Counsel:	NIA
	Claim number and the nature of Participant's Claim:
Claim Number:	No estoy de acuerdo con la elinimación descuento
Nature of Claim:	No estoy de acuerdo con la elini mació, descuente
By: 2 slung Q Q &	Sull pension.
Signature O.b.3	Q. 9.110
Print Name	Value of the second of the sec
NA	
Title (if Participant is	not an individual)
Date N (A	

Grande, P.R. 00637 Oule 12 BB-14, Sabanaziii 1116-5 11 5:09 Ban. 716 Mrs. San Johney Outin Pallilla Lvited States Disquict Court, Clarks

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Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc: Notices of Intent to Participate Page 76 of 114

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Ha Judith Varguer Velez
Participant's Address: 4398 Calle 2 Apartado 123 San Juan P.R. 00920
Participant's Email Address: Judith anita 21 a g mail. com
Name of Counsel: The Commonwealth of Puerto Ries
Address of Counsel: ClerK'S Office, 150 Ave Carlos chardon ste. 150 San Juan P.R. 00918 D1767 Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 178K 3283 - LTS
Nature of Claim: Promesa Title 111
By: Ima Magayun Velen Signature Print Name By: Ima Magayun Velen Signature Print Name
mestra y Consejera Profescional refreda Title (if Participant is not an individual)
Date / agosto / 3001

tha g. 12994 (un) 4398 calle 2 Aportado 123 San Juan P.R. 00926

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Clerk's Office 150 Ave Clerk's office 150 Ave Carlos Chardon Ste 150 Sam Juan, P.R. 00918-1767

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SAN JUAN PR 009



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: High River Quinones
Participant's Name: 1
Participant's Email Address: migyaya Qyahoo.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
Participant's Claim number and the nature of Participant's Claim:
Claim Number: 53494 Nature of Claim: my time working for the Dept. of Education in Purt Rico Many pension was affected too.
Nature of Claim: my time working for the Dept. of Education in Funt Rico. By: Mew Lews pension was affected too.
Signature Migdale Rivin Quininos
Print Name
Title (if Participant is not an individual)
Date 2, 2021

4 AUG 2021 PM 2

4 AUG 2021 PM 2 L

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:
Participant's Name: Migdalia River Quinns
Participant's Address: Unb. Quintes del Sur calle 9713 Pong PR 00728
Participant's Email Address: migyaya Q yahoo Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 53536 Tim claiming that I did not receive the salary increase during my time working for the Department of Educature By: Many Cure By: Man
Signature Mighlin River Quinns Print Name
Title (if Participant is not an individual)
Quest 2, 2021 Date

PH 5: 09

4 AUG 2021 PM 2 L

SAN JUAN PR 009

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name: Migdalia Rivera Quin	ones
Participant's Address: Urb. Quintos de Sur co	169J13 Pana, PR 007:
Participant's Email Address: mia yaya @ yahoo.	Com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Parti	icipant's Claim:
Nature of Claim: during my time working fir	eceive the solary increase the Deptrof Robelation in P. Rected too.
Signature Nigodia River Quinones Print Name	RECEIVED
Title (if Participant is not an individual)	+ 1
Date)	-O

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Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc Notices of Intent to Participate Page 84 of 114

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Email Address:

Participant's Email Address:

Participant's Email Address:

Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

Participant's Claim number and the nature of Participant's Claim:

Title (if Participant is not an individual)

Participant's Name

Participant's Address:

Participant's Email Address:

Participant's Claim number and the nature of Participant's Claim:

Participant's Claim number and the nature of Participant's Claim:

Title (if Participant is not an individual)

Participant's Name

Participant's Name

Participant's Email Address:

Participant's Claim number and the nature of Participant's Claim:

Participant's Claim number and the nature of Participant's Claim:

Title (if Participant is not an individual)

5: 09 RECEIVED & FILED 4 AUG 2021 PM 2 SAN JUAN PR 009 Participant must provide all of the information below in English:

1. Participa	int's contact information, including email address, and that of its counsel,
if any:	0
Participant's Name:	Migdalia Livera Clumon
Participant's Address:	Uib Duinas del Sui calle 9 J13 Para, PR 00728
Participant's Email Add	dress: migygys@yghoo,com
Name of Counsel:	
Address of Counsel:	
Email Address of Cour	isel:
2. Particip	ant's Claim number and the nature of Participant's Claim:
Claim Number:	52891 The algebra that I didn't receive the salery increase during
Nature of Claim:	I'm claiming that I didn't receive the salory increase during my time working for the Dept. of Education in Parto Rico.
By: Allen V	worm = = = = = = = = = = = = = = = = = = =
Signature	Rivera Quinones
Print Name	Kivera Qui nones
Fillit Name	3
Title (if Partici	pant is not an individual)
Quaris	t 2, 2021
Date	

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Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc: Notices of Intent to Participate Page 88 of 114

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:		
Participant's Name:	Nelly Ramirez Torres	
Participant's Address:	Ext. Villa Del Carmen	836 Calle Sava
Participant's Email Address:	rellymanirez tones 6 gmail con	1 fonce PR 0071
Name of Counsel:	none	
Address of Counsel:	none	<u> </u>
Email Address of Counsel:	none	
2. Participant's C	Claim number and the nature of Participant	e's Claim:
Claim Number:	17 BK 3283 LTS	
Nature of Claim:	I want to participate in d	iscovery
By: Signature		RECE SALE AND A
Nelly famirez	tomes	XIII
Print Name		£29 9 8
		233]
Title (if Participant is	not an individual)	
August 1, 20	21	-5
Date		

Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc: Notices of Intent to Participate Page 90 of 114

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Julia V' Sonto Sonto Participant's Address: Geniso Fonossosa H 158 Salamera Cidna P.R. 00739
Participant's Address: Coming tomosiosa # 158 Salamera Codin P. R. UD739
Participant's Email Address:
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:
Nature of Claim: <u>Investé \$60,000</u> en 60000s plan de l'ensione en el gobierno de Puerto Rico
By: en el gobierno de Puerto Rico
Signature
Print Name
Julia V. Santos
Title (if Participant is not an individual)
Agosto 4 2021
Marc

Camino Pomarrosa 158 Julia V. Santos Santos Cidra, P.R. 00739 Urb. Sabanera

Ave. Conton Chandon Ste 150, Juen, P.R. 00918-1767

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Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc: Notices of Intent to Participate Page 92 of 114

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

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if any:	3,	10
Participant's Name:	Elizabeth Gurie	mez Opriz
Participant's Address:	HC-01 BOX 8180 1	
Participant's Email Ade	dress: guTie./iz62@g	amail.com
Name of Counsel:	Net Represente	d by coursel.
Address of Counsel:	T	
Email Address of Coun	nsel:	-
2. Participa	ant's Claim number and the nature of	Participant's Claim:
Claim Number:	17-BK-3283-LT	rs
Nature of Claim:	Title III Case	18 E
Signature	Gutiersez Ortiz.	TIVED &
Elizabeth Princ Name	GUTTEMEZ OPTIZ	. \$ 60 FEE
Title (if Particip	pant is not an individual)	ÇO,
Date Date	/2021	

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Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc: Notices of Intent to Participate Page 94 of 114

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Jose Alberto Gonza les Aquino
Participant's Address:	He 7 Box 76396 SAA Schaspian PRO0685
Participant's Email Address:	Contabilidad clasea@ yahoo.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	170830-1
Nature of Claim:	Debts (Carned Department of Agris culture
By: fose & Signature	rely Bano
Tose' A G' Print Name	DNZS 62
SelF Class Title (if Participant i	man
2 4 2 Date	

SAN SEBASTIAN PR 00685 JOSE ALBERTO GONZALEZ AQUINO HC 7 BCX 76396

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Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc Notices of Intent to Participate Page 96 of 114

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Participant's Name: Participant's Address: Participant's Email Address: Contabilidad Clasea @ yahoo com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: ained Depart Nature of Claim By: Title (if Participant is not an individual)

LUIS RAMON VARGAS PEREZ HC 9 BOX 94722 SAN SEBSASTIAN PR 00685

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SAN JUAN PR 009

OFFICE

SAN JUAN, PR 00918-1767

150 AVE. CARLOS CHARDON STE. 150

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Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc Notices of Intent to Participate Page 98 of 114

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Isidoro RAMIREZ Participant's Name: BOX 33960, SAN SEBASTIAN PROOLAS Participant's Address: Participant's Email Address: Contabilidad Clasea (Pubho), com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Title (if Participant is not an individual)

ISIDORO RAMIREZ PEREZ HC 03 BOX 33960 SAN SEBASTIAN PR 00685

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UNITED STATE DISTRICT COURT, CLER'S

OFFICE 150 AVE

150 AVE. CARLOS CHARDON STE. 150 SAN JUAN, PR 00918-1767

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SAN JUAN PR 009

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Aida Esther Rodriguez Vazquez
Participant's Address:	Urb. Vista Monte c/3 D-18 Cidra P.R 00739
Participant's Email Address:	abuelan 2013 @gmail.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's (Claim number and the nature of Participant's Claim:
Claim Number:	104334
Nature of Claim:	Empleados Públicos/ Jubilación
By: Qda CRvd	362
Aida Esther Print Name	Rodriguez Vozquez
Title (if Participant is	not an individual)
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Aida Esther Kodriguez Vazquez Cidra, PR 00739

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Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:		
Participant's Name:	María A. Clemente Rosa Condominio Astralis 9546. Calle Díaz Way, Apt.	311
Participant's Address:	Carolina, Puerto Rico, 00979.	
Participant's Email Address:	clero 62 a yahoo.com	
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		
2. Participant's C	Claim number and the nature of Participant's Claim:	
Claim Number:	No. 17 BK 3283-LTS	
Nature of Claim: By: Walla G. Old Signature	133537	PZ
María A. Cleme	nte Rosa	SCH
Print Name	J =	S TREE
Title (if Participant is	s not an individual)	
2 de agosto 2	021	ame
Date		

María A. Clemente Rosa Condominio Astralis 9546 Calle Díaz Way, Apt. 311 Torre #6 Carolina, P.R. 00979.

U.S. U.S. JUAN. PR U.S. JUAN. PR 2021 AUG -5 PH 5:

United States District Court.
Clerk'S Office, 150 Ave. Carlos Chardon
Ste. 150, San Juan, PR. 00918-1767



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Participant must provide all of the information below in English:

if any:	ntact information, including email address, and that of its counsel,
Participant's Name:	Urb. San José B-42 Aguada, P.RODGOZ
Participant's Address:	Urb. San José B-42 Aguado, P.RODGOZ
Participant's Email Address: _	lyznunc = 3@gmail.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel: _	
2. Participant's Cla	aim number and the nature of Participant's Claim:
Claim Number:	132416
Nature of Claim: By: Signature Luz E. Nune:	Meucon little III
Print Name	
Title (if Participant is no	ot an individual)
2 de agosto à	2/ PH 5: -
Instructions for Filing Notice	of Participation: If you are represented by counsel this Notice



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Case:17-03283-LTS Doc#:17708-1 Filed:08/06/21 Entered:08/06/21 11:18:06 Desc: Notices of Intent to Participate Page 107 of 114

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Norma I. Lleva Rodviguez
Participant's Address: Urb Sierra Bayamon, 45-18-425+ Boyamon, Pl
Participant's Email Address: norinis le yahoo.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: # 109500
Nature of Claim: Law 96 (17-63283)
By: Nama 9. Reason Signature
Worma T. Lieva Rodriguez
PM 55
Title (if Participant is not an individual) August 2,2001
Date

15-18-42 St Bayamon, PR 0096 Jera Rodriguez, Worma

Clerk's office San Juan, PR 150 Ave. Carlos Chardon Ste. 150

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Norma I. Lleva Rodriguez
Participant's Address: Urb. Sierra Bayamon, 45-18-425t. Bayanin, PR
Participant's Email Address: Norinis @yahoo.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: # 137138
Nature of Claim: Retirement System Commonwealth of PR
By: Marria S. Elera
Signature
Norma I. Lleva Rodriguez
Print Name
5 GROU
Title (if Participant is not an individual)
August 2, 2021
Date

Jub. Siara Bayamon Bayamon, PR 00961

Llera Rodriguez, Worma I.

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Participant must provide all of the information below in English:

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Participant's contact information, including email address, and that of its counsel,

	if any:	III III III III III				
Partic	cipant's Name:	Nayda R.	Rodnawz	Melindez		E ID
Partic	cipant's Address:	Urbanizaci Calle Fel	ion Mansio	nes paras, PR	80 T	58 127
Partic	eipant's Email Address	and and ma	uezmelende	2@gmail.	COI	27
Name	e of Counsel:	(long.	nigo/il.			1
Addre	ess of Counsel:		z followi			
Email	l Address of Counsel:					
Natur	n Number: re of Claim:	Inuntive The laws: 89	7 payment, 5, /1995-96-201	alary increased to - 144/2004	Iseu -10	nder 9/2008
By:	Signature Nayda R. F	Rodnauez-M	elindes		121 AUG -5	REGERVED OLERK'S U.S. DISTRI SAN JU
	Print Name Title (if Participant is	s not an individual)			PM 5: 1	OFFICE OFFICE AN. PR
	August 2	1 2021			7	

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Rodriguez Melindes

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Participant must provide all of the information below in English:

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Participant's contact information, including email address, and that of its counsel,

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PO BOX GOS	54 Caguo	PRO	0726-6	1052/
100021660g	mail.co.	-		
	papatelis PT			
Claim number and the n	ature of Particip	ant's Clai	m:	
122367				
f-	· ·	///	2021 AUG -5 PM 5: 17	U.S. DISTRICT COURT SAN JUAN, PR
	Po Box Gos Nar 2166@g. Claim number and the m 122367 Ley Prome. Jentinez Cregor Le. not an individual)	Po Box 6054 Cagues Norwall 6 @ gmail. co. Claim number and the nature of Particip 122367 Ley Promesa Title Gantinez Cresso Le. not an individual)	Claim number and the nature of Participant's Claim 122367 Ley Promesa Title III functions Cresso for not an individual)	Po Box 6054 Caguos P. R. 00726-6 Juan 21666 gmail.com Claim number and the nature of Participant's Claim: 122367 Ley Promesa Title III fortimes Cresso 6. not an individual)

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